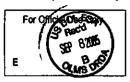
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Steven R Logsdon	Name I B E W Local Union 307	
	Labor Organization File Number 010-409	
PO Box Bidg Room No if any	P O Box Building and Room Number if any	
	To some particular training and	
Street 401 Decatur Street	Street 401 Decatur Street	
City Cumberland	City Cumberland	
State Maryland ZiP Code + 4 21502	State Maryland ZIP Code + 4 21502	
5 Position in labor organization		
Business Manager		
Enter appropriate data below if during the past fiscal year you or your spor	use or minor child directly or indirectly had any of the following interests	
	sions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
	_	
PO Box Bldg Room No if any	7 b Amount	
Street		
Ch.		
City	,	
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct, and complete (See the se	ing documents) has been examined by the signatory and is to the best of the	
1 Par Rel O		
Signed Siller () forsier	On 8/14/2005 301-724 3403 Date Telephone Number	
Form I M 30 (2003)	Date Telephone Number	

Name of Person Filing Steven Logsdon	File Number U	
B Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name The Segal Company		
Trade Name if any	a Labor Organization Trust	
PO Box Bldg Room No ifany Suite 400	c. Employer	
Street 1920 N Street N W		
City Washington		_
State District of Columbia ZIP Code + 4 20036		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Maryland Electrical Industry Funds		unds
Trade Name if any	Health & Welfare Fund Annunity Fund Pension Fund	
PO Box Bidg Room No If any 2nd Floor		
Street 6650 Belair Road	11 b Approximate dollar value of such dealing	\$84 500
City Baltimore	12 a Nature of interest held or income received	\$64 500
State Maryland ZIP Code + 4 21206	Business Dinner on 8/5/2004	
		and many the first of the first
	12 b Amount	\$44
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name		
Trade Name If any		And the second second second
PO Box Bidg Room No if any		***************************************
Street		-
Crty		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	Wheelest